PTO/SB/06 (08-03)
Approved for use through 7/31/2006, CMB 0851-0032
U.S. Petast and Tradement Office; U.S. DEPARTIMENT OF COMMERCE
P. a collection of information uniters is discoursed.

Under the Peperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid ONB control number.  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  Application or Docket Number  10/10/67  155										
CLAIMS AS FILED - PART I (Coturns 1) (Coturns 2) - SMALL ENTIT							СЯ	OTHER THAN SMALL ENTITY		
FOR	MUMB	ERFLED	MUMBE	ER EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE! (37 CFR 1.18(4))							OR		8	
YOYAL CLAMS (DT CFR 1.18(d) minus 20 - *				× 8		QR	x 8o			
NDEPENDENT CLAMS 37 CFR 1,18(t) rishus 3 = *			x s•	•	CR	x s				
MALTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))					+5	·	<b>C</b> R	+1		
" If the difference in o	TOTAL		OR	TOTAL						
CLAIMS AS AMENDED - PART II										
	(Caluma 1)		(Catumn 2)	(Column 3)	SMALL I	ENTITY	OR	OTHER SMALL		
MTA	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	. RATE	ADDI- TIONAL FEE		RATE '	ADDI- TIONAL FES	
Total	2	Minus	* <i>2</i> 0	• (	x s		OR	x s =	^	
Total arona nulco	- 1	Mires	- <b>3</b>	•	× 3		OR	ха		
FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	HT CLAM (27 CF	R 1.16(0))	+3		OR	+=_=	$\mathcal{X}$	
1-26-07					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	7. \	
101	(Cotumn 1)		(Cotumn 2)	(Cotumn 3)	-	-			/	
Entrance Construction (Construction Construction Construc	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ACOI- CONAL FEE		POTE	ADDI- TIONAL FEE	
Corpora Lingto	. 9	Minus	-20	• ——	x =		OR .	/x s		
Construction (Construction)	. /	Minus	-3	•.	xX		OR /	×.		
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))							OR/	<i>!.</i>		
TOTAL ADDI FEE OR ADDI FEE										
615-07	(Column 1)	•	(Column 2)	(Cotumes 5)	<u> </u>	V				
D FINE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total arona Liston	. 11	Minus	20	•	× 1		OR	× 50 -	\ /	
Total GF CPR LINES  W PROFITE		Minus	7	•	× 2	·	OR	x = 2W.		
FIRST PRESENT	+s_ =		OR,	+ s =	X					
ADD'L FEE							OR	ADDL FEE	$\bot / \bot$	
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Humber Previously Paid For" (N THIS SPACE is less than 20, enter "20".</li> <li>If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul>										

This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentisity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the semant of time you require to complete this form analyte suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTO-9199 and salect option 2.